

EXHIBIT B



GENERAL POLICE ORDER CLEVELAND DIVISION OF POLICE



ORIGINAL EFFECTIVE DATE:	REVISED DATE: 1/5/2017	NO. PAGES: 1 of 7	NUMBER:
SUBJECT: <div style="text-align: center; padding: 5px;">CRISIS INTERVENTION TEAM PROGRAM</div>			
ASSOCIATED MANUAL:		RELATED ORDERS:	
CHIEF OF POLICE: <div style="text-align: center; padding: 10px;">FINAL DRAFT</div>			

PURPOSE: To increase the effectiveness of the Cleveland Division of Police's (CDP) Crisis Intervention Team (CIT) Program by: facilitating communication between CDP and the behavioral health community; developing a foundation that promotes effective solutions for assisting those in crisis or with behavioral health challenges; improving the crisis intervention training of officers; increasing the resources available to CDP; reducing the need for individuals in crisis to have further involvement with the criminal justice system; and improving the safety of officers and the Cleveland community.

POLICY: The CIT Program shall provide resources and develop collaborative partnerships with the community, behavioral health care systems, and advocacy groups to improve CDP's relationships with the community. The CIT Program shall reflect the values of the community it serves by promoting dignity and fairness to all people through its training, encounters with individuals in crisis, and community partnerships, with the goal of connecting or re-directing individuals in crisis and their families to health care resources that can provide for long-term stabilization and support.

DEFINITIONS: See G.P.O. XX

I. Crisis Intervention Team Program

- A. The CIT Program is CDP's collaborative, coordinated plan of action that includes partnerships between CDP, the community, behavioral health and social service agencies, and advocates to provide a transparent process for positive, sustainable change in responding to individuals in crisis.
- B. The goals of the CIT Program are to:
 - 1. Assist individuals in crisis while demonstrating dignity and respect;
 - 2. Improve the safety of officers, individuals in crisis, their family members, and other members of the community;
 - 3. Develop the foundation necessary to promote community solutions to assist individuals in crisis;
 - 4. Reduce the need for individuals in crisis to have further involvement with the criminal justice system;

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5. Ensure visibility and recognition of Specialized CIT officers in the field through use of adequate CIT identification markers (i.e. CIT pin, vest, etc.); and
 6. Build relationships and awareness of Crisis Intervention with the community and local neighborhoods.
- C. The CIT Program will provide a transparent process for responding to and connecting individuals in crisis to the needed resources by:
1. Providing officers with resources to make the appropriate referrals;
 2. Ensuring officers take an active role in the MHRAC by:
 - a. Attending meetings, when possible; and
 - b. Providing feedback on behavioral health services.
 3. Enhancing crisis intervention training for officers and dispatchers;
 4. Developing and continuously improving the CIT Program;
 5. Reviewing and updating crisis intervention policies; and
 6. Collecting and maintaining statistical data on crisis incidents handled by CDP and reporting annually to both the public and the MHRAC (aggregated as necessary to protect privacy) in order to make on-going improvements to the CDP's response to crisis incidents.
 7. Participating in community education and engagement through the CIT Coordinator and CIT officers

II. CIT Coordinator

- A. The CIT Coordinator's responsibility is to facilitate communication between CDP and members of the behavioral health community and to increase the effectiveness of CDP's Crisis Intervention Team Program.
- B. The CIT Coordinator's duties are to provide leadership that increases the effectiveness of the CIT Program, while ensuring the program is conveying goodwill and trustworthiness throughout CDP and the community by:
 1. Developing and maintaining partnerships with program stakeholders;
 2. Serving as a point of contact with advocates, individuals, families, caregivers, professionals, and others associated with the mental health community;

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3. Participating in, and coordinating the implementation of changes and recommendations made by the MHRAC;
4. Ensuring the selection of the appropriate candidates as Specialized CIT officers;
5. Ensuring that officers and dispatchers are appropriately responding to CIT-related calls;
6. Creating ways to recognize and honor Specialized CIT officers and dispatchers;
7. Developing an effective CIT plan, as described in Section III below, and reviewing and updating the plan, as barriers to full CIT coverage are identified and addressed, no less than annually;
8. Working with the MHRAC to regularly, but no less than annually, solicit feedback from Specialized CIT officers, the mental health community, and dispatchers regarding the efficacy of CDP's CIT Program and ways in which CDP can continuously improve relationships with the community;
9. On a quarterly basis, providing the Communication Control Section with an updated roster of Specialized CIT officers;
10. Addressing operational issues raised by CDP and interacting with patrol and supervisors to problem solve those issues;
11. Reviewing and updating CDP crisis intervention policies based on best practices and changes in federal and state laws and regulations, and city ordinances, at a minimum, on an annual basis; and
12. Ensuring that Crisis Intervention Reports (as described in Crisis Intervention Team Response GPO ####) and CIT stat sheets are completed in their entirety and that the CIT Stat Sheets are timely forwarded to the ADAMHS Board for appropriate follow up and reporting purposes in partnership with the MHRAC.

III. CIT Plan

- A. The goal of the CIT plan is to ensure that a specialized CIT officer is available to respond to all incidents that appear to involve an individual in crisis.
- B. The CIT plan shall include:
 1. An assessment of the number of officers necessary to respond to all crisis incidents;
 2. Identification of gaps in coverage of crisis incidents;
 3. Mechanisms to fill those gaps;
 4. Identification of barriers to ensuring full coverage and steps to overcome those barriers; and

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5. Ways of identifying and recruiting qualified Specialized CIT officers.

IV. Mental Health Response Advisory Committee (MHRAC)

- A. The MHRAC is a collaborative partner in the behavioral health field to advise CDP with improving the CIT Program through reform and problem solving to create sustainable change when interacting with individuals in crisis.
- B. The MHRAC was developed to foster relationships and build support between CDP, mental health providers, and the greater Cleveland community. The MHRAC will accomplish these goals by:
 1. Identifying problems and developing solutions designed to improve outcomes for individuals in crisis;
 2. Providing guidance to assist CDP in improving, expanding, and sustaining its CIT Program;
 3. Advising CDP of best practices in the field of crisis intervention;
 4. Recommending appropriate changes to CDP's policies, procedures, and training;
 5. Facilitating and coordinating training for the 40-hour Specialized CIT officer program and crisis intervention telecommunicator training to dispatchers including on-site visitation to behavioral health facilities;
 6. Assisting CDP in facilitating CDP's annual in-service crisis intervention training;
 7. Assisting, when feasible, with instructing and coordinating other crisis-related training with CDP and the community;
 8. Assisting CDP with conducting a yearly analysis of crisis incidents to determine appropriate changes in the CIT Program such as the need for more Specialized CIT officers and whether they are deploying and responding effectively to individuals in crisis; and
 9. Identifying behavioral health and other appropriate social service supports in the community that can serve as accessible resources to CDP in efforts to assist those in crisis.
- C. The CDP, with the assistance of the MHRAC, will use outcome data from the CIT Stat Sheet and Crisis Intervention Report to:
 1. Identify training needs and develop case studies and teaching scenarios for all crisis intervention training;
 2. Make changes to the crisis training curriculum;

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3. Identify safety issues and trends;
4. Develop new response strategies for repeat calls for service;
5. Recognize successful officer interactions and performance; and
6. Identify systemic issues that impede CDP's ability to provide an appropriate response to an incident involving an individual in crisis.

V. Specialized Crisis Intervention Team Officers

A. The most integral part of the CIT Program is the Specialized CIT officer. Specialized CIT officers respond to the everyday crisis intervention calls and are the catalyst in the intervention process. These voluntary officers are critical in changing the way crisis incidents are handled.

1. Specialized CIT officers shall have the primary responsibility for handling a crisis incident when on scene, unless a supervisor has assumed responsibility.
2. Specialized CIT officers are encouraged to provide input to the CIT Coordinator to maintain a sustainable and effective CIT Program.
3. Specialized CIT officers shall:
 - a. Be voluntary;
 - b. Have a minimum of three years of experience in basic patrol;
 - c. Handle all crisis incidents assigned or self-identified while also handling standard patrol duties;
 - d. Be willing to divert individuals in crisis away from the justice system, if feasible;
 - e. Treat individuals in crisis in a fair and un-biased manner;
 - f. Foster relationships with the MHRAC and other mental health and social service agencies.
 - g. Wear a CDP-issued marker identifying them as a Specialized CIT officer.
 - h. Participate in community engagement, awareness, and education.
4. Application and Assessment of Specialized CIT Officers
 - a. CDP will assess each officer applicant to determine his/her fitness to serve as a Specialized CIT Officer.

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- b. The assessment will include an in-person interview and an examination of the officer's:
 - 1. Written application;
 - 2. Supervisory recommendations;
 - 3. Past crisis intervention reports;
 - 4. Personnel file; to include awards, commendations, and disciplinary history; and
 - 5. Office of Professional Standards complaint history.
- c. Officers with a history of complaints of, or who have been disciplined for, excessive use of force against individuals in crisis will be presumptively ineligible to be a Specialized CIT officer.

VI. CIT Training

- A. Specialized CIT officers shall initially receive a minimum of 40 hours of enhanced crisis intervention training and a minimum of 8 hours of annual in-service crisis intervention training.
- B. The enhanced 40-hour crisis intervention training shall consist of:
 - 1. How to conduct field evaluations;
 - 2. Suicide interventions;
 - 3. Community mental health resources;
 - 4. Common mental health and developmental disability diagnoses;
 - 5. Effects of drug and alcohol use;
 - 6. Rights of persons with mental illness and disabilities;
 - 7. Crisis de-escalation;
 - 8. Civil commitment criteria;
 - 9. Scenario-based exercises;
 - 10. On-site visitation to mental health and substance abuse facilities;

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11. Understanding age-appropriate responses in handling juveniles with mental illness; and
 12. Perspectives of individuals with mental health issues and their family members.
- C. All CDP officers shall receive 8 hours of annual in-service crisis intervention training that is adequate in quality, type, and scope. The annual training shall consist of:
1. Circumstances when a Specialized CIT officer shall be dispatched or consulted;
 2. How to handle a crisis incident if a Specialized CIT officer is not immediately available;
 3. Updates on mental health issues.
- D. All recruits shall receive at least 16 hours of training in the Academy that meets the Ohio Police Officer Training Academy requirements.

CDW/
Attachments